

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586,801

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4	3		1		1	
5	1		1		1	
6	8		1		1	
7			1		1	
8	1		1		1	
9	1		1		1	
10	1		1		1	
11	1					
12	1					
13	1					
14	1					
15	1					
16	1		1		1	
17	1		1		1	
18	1		1		1	
19	1		1		1	
20	1		1		1	
21	1		1		1	
22	1		1		1	
23	1		1		1	
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50						
TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	25	←	21	←	21	←
TOTAL CLAIMS	27		23		23	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.			←		←	←
TOTAL CLAIMS						